

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

96562-040003
STATE FILE NUMBERDO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

318
FILED OCT 19 1962

Primary Registration District No.

1003

Registrar's No.

1. PLACE OF DEATH

a. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN St. LouisLength of stay in 1b
1 yr 6 moc. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION Masonic Home of Mo.Inside Limits
Yes ☒ No ☐2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY

c. CITY OR TOWN St. Louis

Inside Limits
Yes ☒ No ☐d. STREET ADDRESS (If outside, give location)
7126 WinonaReside on Farm
Yes ☐ No ☒3. NAME OF DECEASED
(Type or print)

First Kathryn

Middle V.

Last Bickham

4. DATE OF DEATH

Month October

Day 8,

Year 1962

5. SEX
F6. COLOR OR RACE
W7. Married ☒ Never Married ☐
Widowed ☐ Divorced ☐8. DATE OF BIRTH
3/12/899. AGE (last birthday)
73IF UNDER 1 YEAR
Months Days Hours Min.IF UNDER 24 HR
Months Days Hours Min.10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
Nurse

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and state or country)
Henderson, Ky.12. CITIZEN OF WHAT COUNTRY
U.S.A.

13a. FATHER'S NAME

Newton Draper

13b. MOTHER'S MAIDEN NAME

Anna Manion

14. NAME OF HUSBAND OR WIFE

William Franklin Bickham

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes, give war or dates of service)
no

16. SOCIAL SECURITY NO.

17. INFORMANT
Masonic Home of Mo.
5351 Delmar Blvd.

Address

Carl V. Stein

18. CAUSE OF DEATH (Enter only one cause per line if
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Cerebral thrombosis

INTERVAL BETWEEN
ONSET AND DEATH

24 hrs.

Conditions, if any,
which gave rise to
above cause (a),
stating the under-
lying cause last.

DUE TO (b)

Generalized arteriosclerosis

Unknown

DUE TO (c)

332X

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal
disease condition given in PART I (a)PART III. If deceased was female was
there a pregnancy in last 90 days.☐ Yes ☒ No ☐ Unknown19. WAS AUTOPSY
PERFORMED?
YES ☐ NO ☒20a. ACCIDENT ☐SUICIDE ☐HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF
INJURY
Hour a.m.
p.m.

Month, Day, Year

20d. INJURY OCCURRED
WHILE AT WORK ☐
NOT WHILE AT WORK ☐20e. PLACE OF INJURY (e.g., in or about home,
farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from 4/28/61

to 10/8/62

and last saw her alive on 10/8/62

Death occurred at 4:40 A.M.

on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

Harold E. Walters MD

22b. ADDRESS

3720 Washington St. Louis

22c. DATE SIGNED

10-9-62

23a. BURIAL, CREMATION,
REMOVAL (Specify)
Removal

23b. DATE

10-10-62

23c. NAME OF CEMETERY OR CREMATORY

Resurrection Cem.

23d. LOCATION (City, town, or county)

St. Louis Co., Mo.

(State)

24. FUNERAL DIRECTOR

ADDRESS

Witt Mortuary

6409 Gravois

25. DATE RECD. BY LOCAL REG.

OCT 9 1962

REGISTRAR'S SIGNATURE

Carl Smith M.D.

USE BLACK INK

OR

TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. SHOULD READ

INSTEAD OF

DATE AMENDED

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed Harold C. Witt

Licensed Embalmer No. 4353

P. O. Address St. Louis, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.